

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name:

that I believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: HEIGHT – ADJUSTING DEVICE FOR AUTOMOBILE SEAT

the specification of which [check one(s) applicable]

☒ was filed _____ as PCT International Application No. PCT/JP2004/005722
☐ and was amended by Amendment filed _____ (if applicable); [or];
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 U.S.C. § 119: I hereby claim foreign priority benefits under 35 USC § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

<u>Prior Foreign Application(s)</u>	<u>Filing Date</u>	<u>Priority Claimed</u>
<u>Application No.</u> <u>Country</u>	<u>Day - Mo - Year</u>	<u>Yes - No</u>
2003-115957 Japan	21, 4, 2003	Yes.

POWER OF ATTORNEY: As inventor, I hereby appoint the practitioners associated with Customer No. 000110 as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Vincent T. Pace, Reg. No. 31,049, Patrick J. Hagan, Reg. No. 27,643, and Henry H. Skillman, Reg. No. 17,352

POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: **CUSTOMER NUMBER 000110**

DIRECT INQUIRIES TO: **Vincent T. Pace** **Tel.: 215-563-4100 / Fax: 215-563-4044**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

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SECOND JOINT INVENTOR (if any)

Full Name _____
First Middle Last

Signature _____

Date _____

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